

#### **CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on <u>December 11</u>, 2008.

Sima S. Patel
Sima S. Patel

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S)

: Steven A. Boyd, et al

APPLICATION NO.

: 10/593,910

DATE FILED

: September 22, 2006

FOR

: THIAZOLIUMS AS TRANSKELOTASE INHIBITORS

CONFIRMATION NUMBER

: 6041

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

### PETITION UNDER 37 C.F.R. §§ 1.48(a) & 1.497 TO CORRECT INVENTORSHIP

SIR:

The Applicant(s) in the above-identified application request that the application be amended to add ten (10) new inventors as follows:

Kevin R. Condroski

12/15/2008 LNGUYEN1 00000055 10593910

592 Homestead Street, Lafayette, CO 80302

02 FC:1464

130.00 OP

Citizen of The United States of America.

Jason De Meese

5917 Shenandoah Ave., Longmont, CO 80504-5651

Stephen S. Gonzales 416 Valley View, Media, PA 19063 Citizen of The United States of America.

Indrani W. Gunawardana 5650 Steeple Chase Dr., Longmont, CO 80503-8882 Citizen of The United States of America.

Tomas Kaplan 2705 Juniper Ave., Boulder, CO 80302 Citizen of The United States of America.

Yvan Le Huerou 2775 Lee Hill Dr., Boulder, CO 80302-9413 Citizen of France.

Joseph Lyssikatos 42 Alta Avenue, Piedmont, CA 94611 Citizen of The United States of America.

Todd T. Ramoff 5920 Tenderfoot Ave., Firestone, CO 80504 Citizen of The United States of America.

Francis X. Sullivan 3657 Larkwood Ct., Boulder, CO 80304-1400 Citizen of The United States of America.

Allen Thomas 909 La Farge Ave., Louisville, CO 80027 Citizen of The United States of America.

Enclosed herewith, in support of this Petition and pursuant to the provisions of 37 C.F.R. § 1.48(a), are the following documents:

- 1. a statement from the new inventors attesting that the error in inventorship occurred without deceptive intention on their part under 37 C.F.R. § 1.48(a)(2);
- 2. a written consent of the assignee under 37 C.F.R. § 1.48(a)(5);
- 3. a new oath or declaration executed by the inventors under 37C.F.R. § 1.48(a)(3);

4. a check for (\$130.00), in the amount of One-Hundred-and Thirty Dollars (\$130.00) in payment of the requisite fee under 37 C.F.R. § 1.17(i) for correction of inventorship.

Please credit any overpayment or charge any additional fees due in connection with this communication to Deposit Account No. 04-0838. A copy of this Request is enclosed herewith for deposit account charging purposes.

Respectfully submitted,

COLEMAN SUDOL SAPONE, P.C.

Dated: 12 - 11 - 08

William J. Sapone

Reg. No. 32,518

714 Colorado Avenue Bridgeport, CT 06605-1601 (203) 366-3560



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450, on 11 December 2008

By: Victing C Payers

Date: 11 December 2008

Docket No.: 380/9-1599CIP

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Stephen Boyd, et al

Conf. No.: 6041

Serial No.:

10/593,910

Art Unit: 1614

Filed

22 September 2006

For

THIAZOLIUMS AS TRANSKETOLASE INHIBITORS

Mail Stop Missing Parts Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### RESPONSE TO NOTICE OF DEFECTIVE RESPONSE

Sir:

In response to the Notice of Defective Response mailed 14 October 2008, enclosed herewith is a Petition to Correct the Inventorship of the above application, including the Executed Declarations identifying each of the inventors as listed in the International Application and a copy of the Notification of Defective Response.

Should anything further be required, please contact the undersigned by telephone at the number given below.

Respectfully submitted,

COLEMAN SUDOL SAPONE, P.C.

714 Colorado Avenue Bridgeport, CT 06605 Telephone No. (203) 366-3560 Facsimile No. (203) 335-6779

William J. Saporfe
Registration No. 32,518
Attorney for Applicant(s)

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

U.S. APPLICATION NUMBER NO.

FIRST NAMED APPLICANT

ATTY. DOCKET NO.

10/593,910

Steven A. Boyd

**AV 34** 

-012

1473

**ROPES & GRAY LLP** PATENT DOCKETING 39/361 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036-8704

RECEIVED

INTERNATIONAL APPLICATION NO. PCT/US05/09970

I.A. FILING DATE

PRIORITY DATE 03/23/2005 03/24/2004

OCT 17 2008

**CONFIRMATION NO. 6041** 

ROPES & GRAY LLP - IP DOCKETING REFERRED TO NOTED BY\_

**371 FORMALITIES LETTER** 

Date Mailed: 10/14/2008

#### **NOTIFICATION OF DEFECTIVE RESPONSE**

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated Office (37 CFR 1.494):

- Indication of Small Entity Status
- Priority Document
- Copy of the International Application filed on 09/22/2006
- Copy of the International Search Report filed on 09/22/2006
- Preliminary Amendments filed on 09/22/2006
- Information Disclosure Statements filed on 08/15/2008
- Oath or Declaration filed on 06/10/2008
- U.S. Basic National Fees filed on 09/22/2006
- Priority Documents filed on 09/22/2006

Applicant's response filed 08/15/2008 is hereby acknowledged. The following requirements set forth in the NOTIFICATION of MISSING REQUIREMENTS mailed 04/10/2008 have not been completed.

The following items MUST be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date. The current oath or declaration does not comply with 37 CFR 1.497(a) and (b) in that it:
  - The declaration that was submitted on June 10, 2008, had inventors that are not identified on the international application.

Applicant is required to complete the response within a time limit of ONE MONTH from the date of this Notification or within the time remaining in the response set forth in the Notification of Missing Requirements, whichever is the longer. No extension of this time limit may be granted under 37 CFR 1.136, but the period for response set in the Notification of Missing Requirements may be extended under 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

Registered users of EFS-Web may alternatively submit their reply to this notice via EFS-Web. https://sportal.uspto.gov/authenticate/AuthenticateUserLocalEPF.html

page 1 of 2

For more information about EFS-Web please call the USPTO Electronic Business Center at **1-866-217-9197** or visit our website at <a href="http://www.uspto.gov/ebc.">http://www.uspto.gov/ebc.</a>

If you are not using EFS-Web to submit your reply, you must include a copy of this notice.

| INDL | AT. | EV. | ΔN | 2 |
|------|-----|-----|----|---|
|      |     |     |    |   |

Telephone: (703) 308-9140 EXT 212



APPLICANT(S)

: Steven A. Boyd, et al.

**APPLICATION NO. : 10/593,910** 

DATE FILED

: September 22, 2006

**FOR** 

: THIAZOLIUMS AS TRANSKELOTASE INHIBITORS

GROUP ART UNIT : 1614

CONFIRMATION NO: 6041

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

### STATEMENT UNDER 37 C.F.R. § 1.48(a)(2) IN SUPPORT OF CORRECTION OF INVENTORSHIP

SIR:

I, the undersigned, am an inventor in the above-identified application. My name was unintentionally omitted from the application as filed. I hereby state that the error in inventorship in the application occurred without deceptive intention on my part, and I request that my name be added as an inventor in the application.

Respectfully,

5920 Tenderfoot Ave.,

Firestone, CO 80504



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Respectfully,

Francis X. Sullivan 3657 Larkwood Ct.

Boulder, CO 80304-1400



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Respectfully,

Kevin Ronald Condroski 592 Homestead Street

Lafayette, CO 80026



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Respectfully,

-Jason De Meese

5917 Shenandoah Ave.,

Longmont, CO 80504-5651



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Respectfully,

Indrani W. Gunawardana

5650 Steeple Chase Dr.,

Longmont, CO 80503-8882



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Respectfully,

Tomas Kaplan

2705 Juniper Ave.

Boulder, CO 80304



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Respectfully,

Yvan Le Huerou 2775 Lee Hill Rd.,

Boulder, CO 80302-9413

Citizen of France.



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Allen A. Thomas

909 La Farge Ave. Louisville, CO 80027

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Respectfully,

Stephen S. Conzales 416 Valley View Road

Media, PA 19063

Citizen of The United States of America.

A33-012US



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Respectfully,

Joseph P. Lyssikatos

42 Alta Avenue

Piedmont, CA 94611

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Dec 11 08 08:00a

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: 1614

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

# CONSENT OF ASSIGNEE TO CORRECT INVENTORSHIP UNDER 37 C.F.R. § 1.48

SIR:

ARRAY BIOPHARMA, INC. is the Assignee and owner of the above-identified application by virtue of an Assignment from the named inventor(s), Steven A. Boyd, et al., dated June 11, 2008. The Assignment is recorded in the microfiche records of the U.S. Patent and Trademark Office on Reel No. 021082, Frame No. 0304. This consent of assignee is being filed with a petition to correct inventorship under 37 C.F.R. § 1.497.

The undersigned Assignee hereby consents to a change in inventorship in the application. Specifically, the Assignee consents to the addition of the ten inventors on the Petition to Correct Inventorship under C.F. R. § 1.497. enclosed herewith.

Respectfully,

ARRAY BIOPHARMA INC

By:

Name / John R. Moore

Title: Vice President and General Counsel

Date: 10 December 2008

**DECLARATION FOR PATENT APPLICATION** 

OIPE DEC 15 2008

|                                                                                                                                                                                                                                                                              | 7.7                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| As a below named inventor(s), I (we) hereby declare that:                                                                                                                                                                                                                    | THE FRADENIST OF                                   |
| My (our) residence(s), post office address(es) and citizenship(s) is (are) the same as stated below next to                                                                                                                                                                  | my (our) name(s).                                  |
| I (we) believe I am (we are) an original, first and sole inventor (if only one name is listed below) or an original names are listed below) of the subject matter which is claimed and for which a patent is sought on the inve                                              | nal, first and joint inventor (if plural entitled: |
| the specification of which is attached hereto unless the following box is checked:                                                                                                                                                                                           |                                                    |
| [X] was filed on 23 March 2005 as United States Application Number Application Number PCT/US2005/009970 and was amended on                                                                                                                                                   | or PCT International<br>(if applicable).           |
| I (we) hereby state that I (we) have reviewed and understand the contents of the abouncluding the claims, as amended by any amendment referred to above.                                                                                                                     | ve identified specification,                       |
| I (we) acknowledge the duty to disclose information which is material to patentability Federal Regulations, '1.56.                                                                                                                                                           | as defined in Title 37, Code of                    |
|                                                                                                                                                                                                                                                                              |                                                    |
|                                                                                                                                                                                                                                                                              |                                                    |
|                                                                                                                                                                                                                                                                              |                                                    |
|                                                                                                                                                                                                                                                                              |                                                    |
| I (we) hereby claim foreign priority benefits under Title 35, United States Code, '119(application(s) for patent or inventor's certificate listed below and have also identified for patent or inventor's certificate having a filing date before that of the application on | below any foreign application                      |

Prior Foreign Application(s):

(Number)

(Country)

(Day/Month/Year)

Priority

Claimed

I (we) hereby claim the benefit under Title 35, United States Code, '119(e) of any United States provisional application(s) listed below:

(Application Number) 60/556,217

(Filing Date)
24 March 2004

I (we) hereby claim the benefit under Title 35, United States Code, '120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, '112, I (we) acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulation, '1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| (Application Serial No.) (Filing date) |  | (STATUS-patented, pending, abandoned) |  |  |
|----------------------------------------|--|---------------------------------------|--|--|
|                                        |  |                                       |  |  |
|                                        |  |                                       |  |  |

|                                                                                                                                                                                                                                                | DECEMBRICATION                                                                                                                                                                                                             | LIO/11                                     | 1011                                                     |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|--|--|--|
| I (we) hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and to act in accordance with the instructions from <u>:</u> |                                                                                                                                                                                                                            |                                            |                                                          |  |  |  |
| Customer #: 28156                                                                                                                                                                                                                              | ;                                                                                                                                                                                                                          |                                            |                                                          |  |  |  |
| Address all telephone                                                                                                                                                                                                                          | e calls to: Henry D. Coleman, Esq. at Te                                                                                                                                                                                   | elephone No. (203)36                       | 66-3560                                                  |  |  |  |
| Address all correspon                                                                                                                                                                                                                          | ndence to: Customer #: 28156                                                                                                                                                                                               |                                            |                                                          |  |  |  |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                            |                                            |                                                          |  |  |  |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                            |                                            |                                                          |  |  |  |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                            |                                            |                                                          |  |  |  |
| made on informatio<br>knowledge that will<br>Section 1001 of Titl                                                                                                                                                                              | are that all statements made herein of my (our) on and belief are believed to be true; and further ful false statements and the like so made are placed to the United States Code and that such any patent issued thereon. | er that these staten<br>punishable by fine | nents were made with the or imprisonment, or both, under |  |  |  |
| Full same of sale o                                                                                                                                                                                                                            | - 1st inventor (given name, family name):                                                                                                                                                                                  | Ctavan A Pay                               | 1                                                        |  |  |  |
|                                                                                                                                                                                                                                                | or 1st inventor (given name, family name):                                                                                                                                                                                 | Steven A. Boy                              |                                                          |  |  |  |
| Residence:                                                                                                                                                                                                                                     | 5665 St. Vrain Road. Longmont,<br>CO 80503-9061                                                                                                                                                                            | Citizenship:                               | United States                                            |  |  |  |
| Post Office<br>Address:                                                                                                                                                                                                                        | Same                                                                                                                                                                                                                       |                                            |                                                          |  |  |  |
| Inventor's signature                                                                                                                                                                                                                           | ə:                                                                                                                                                                                                                         | Dat                                        | e:                                                       |  |  |  |
| Full name of sole o                                                                                                                                                                                                                            | or 2nd inventor (given name, family name):                                                                                                                                                                                 | Karin B. Cons                              | J===1:                                                   |  |  |  |
|                                                                                                                                                                                                                                                | ,,                                                                                                                                                                                                                         | Kevin R. Cond                              |                                                          |  |  |  |
| Residence:                                                                                                                                                                                                                                     | 592 Homestead Street, Lafayette, CO 80302                                                                                                                                                                                  | Citizenship:                               | United States                                            |  |  |  |
| Post Office<br>Address:                                                                                                                                                                                                                        | Same                                                                                                                                                                                                                       |                                            |                                                          |  |  |  |
| Inventor's signature: Date:                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                            |                                                          |  |  |  |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                            |                                            |                                                          |  |  |  |
| Full name of sole o                                                                                                                                                                                                                            | or 3rd inventor (given name, family name):                                                                                                                                                                                 | Jason De Mee                               |                                                          |  |  |  |
| Residence:                                                                                                                                                                                                                                     | 5917 Shenandoah Ave., Longmont, CO 80504-5651                                                                                                                                                                              | Citizenship:                               | United States                                            |  |  |  |
| Post Office<br>Address:                                                                                                                                                                                                                        | Same                                                                                                                                                                                                                       |                                            |                                                          |  |  |  |
| Inventor's signature                                                                                                                                                                                                                           | e:                                                                                                                                                                                                                         | Dat                                        | e:                                                       |  |  |  |

|                         | DECLARATION FOR PAT                                | ENT APPLICAT        | ION           |  |
|-------------------------|----------------------------------------------------|---------------------|---------------|--|
| Full name of sole of    | or 4th inventor (given name, family name):         | Stephen S. Gonzales |               |  |
| Residence:              | 416 Valley View Road, Media PA<br>19063            | Citizenship:        | United States |  |
| Post Office<br>Address: | Same                                               |                     |               |  |
|                         |                                                    |                     |               |  |
| Inventor's signature    | e:                                                 | Dat                 | te:           |  |
|                         |                                                    | T :                 |               |  |
|                         | or 5th inventor (given name, family name):         | Indrani W. Gu       |               |  |
| Residence:              | 5650 Steeple Chase Dr.,<br>Longmont, CO 80503-8882 | Citizenship:        | United States |  |
| Post Office<br>Address: | Same                                               |                     |               |  |
| Inventor's signatur     | e:                                                 | Dat                 | te:           |  |
| Tivernor o digitation   | J                                                  |                     |               |  |
| Full name of sole of    | or 6th inventor (given name, family name):         | Tomas Kaplan        |               |  |
| Residence:              | 2705 Juniper Ave., Boulder, CO<br>80302            | Citizenship:        | United States |  |
| Post Office<br>Address: | Same                                               |                     |               |  |
| Inventor's signature    | e:                                                 | Dat                 | te:           |  |
|                         |                                                    | ·                   |               |  |
| Full name of sole of    | or 7th inventor (given name, family name):         | Yvan Le Huerou      |               |  |
| Residence:              | 2775 Lee Hill Rd., Boulder, CO<br>80302-9413       | Citizenship:        | France        |  |
| Post Office<br>Address: | Same                                               |                     |               |  |
| Inventor's signature    | e:                                                 | Dat                 | te:           |  |
|                         |                                                    | T                   |               |  |
|                         | or 8th inventor (given name, family name):         | Joseph Lyssikatos   |               |  |
| Residence:              | 42 Alta Avenue, Piedmont, CA<br>94611              | Citizenship:        | United States |  |
| Post Office<br>Address: | Same                                               |                     |               |  |
| Inventor's signature    | e:                                                 | Da                  | te:           |  |

| Full name of sole or 9th inventor (given name, family name): |                                              | Todd T. Romo               | off                    |
|--------------------------------------------------------------|----------------------------------------------|----------------------------|------------------------|
| Residence:                                                   | 5920 Tenderfoot Ave., Firestone,<br>CO 80504 | Citizenship:               | United States          |
| Post Office<br>Address:                                      | Same                                         |                            |                        |
| Inventor's signatu                                           | ire: Toda T Romoss                           | Da                         | te: <u>78 JC1</u> ZOOS |
|                                                              |                                              |                            |                        |
| Full name of sole                                            | or 10th inventor (given name, family name):  | Francis X. Su              | llivan                 |
| Residence:                                                   | 3657 Larkwood Ct., Boulder, CO<br>80304-1400 | Citizenship:               | United States          |
| Post Office<br>Address:                                      | Same                                         |                            |                        |
| Inventor's signate                                           | ure: 1280                                    | Da                         | te: 23 Oct 2008        |
| <u> </u>                                                     |                                              |                            |                        |
| Full name of sole                                            | or 11th inventor (given name, family name):  | Allen Thomas               | 3                      |
| Residence:                                                   | 909 La Farge Ave., Louisville, CO<br>80027   | Citizenship: United States |                        |
| Post Office<br>Address:                                      | Same                                         |                            |                        |
| Inventor's signate                                           | ıre:                                         | Da                         | te:                    |

Page 1

DECLARATION FOR PATENT APPLICATION As a felow named inventor(s), I (we) hereby declare that: My (our) residence(s), post office address(es) and citizenship(s) is (are) the same as stated below next to my (our) name(s I (we) believe I am (we are) an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: THIAZOLIUMS AS TRANSKETOLASE INHIBITORS the specification of which is attached hereto unless the following box is checked: [X] was filed on 23 March 2005 as United States Application Number or PCT International Application Number PCT/US2005/009970 and was amended on (if applicable). I (we) hereby state that I (we) have reviewed and understand the contents of the above identified specification. including the claims, as amended by any amendment referred to above. I (we) acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, '1.56. I (we) hereby claim foreign priority benefits under Title 35, United States Code, '119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign Application(s): Priority Claimed (Day/Month/Year) (Number) (Country) I (we) hereby claim the benefit under Title 35, United States Code, '119(e) of any United States provisional

application(s) listed below:

(Application Number) 60/556,217

(Filing Date) 24 March 2004

I (we) hereby claim the benefit under Title 35, United States Code, '120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, '112, I (we) acknowledge the duty to disclose information which is material to patentability as defined in Title 37. Code of Féderal Regulation, '1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| (Application Serial No.) | (Filing date) | (STATUS-patented, pending, abandoned) |
|--------------------------|---------------|---------------------------------------|
|                          |               |                                       |
|                          |               |                                       |

Docket No.: A33-012US Page 2

| I (we) hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and to act in accordance with the instructions from : |                                                                                                                                                                                                                              |                                            |                                                          |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|--|--|
| Customer #: 28156                                                                                                                                                                                                                       | ·<br>·                                                                                                                                                                                                                       |                                            |                                                          |  |  |
| Address all telephone                                                                                                                                                                                                                   | e calls to: Henry D. Coleman, Esq. at Te                                                                                                                                                                                     | lephone No. (203)36                        | 66-3560                                                  |  |  |
| Address all correspor                                                                                                                                                                                                                   | ndence to: Customer #: 28156                                                                                                                                                                                                 |                                            |                                                          |  |  |
|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                              |                                            |                                                          |  |  |
|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                              |                                            |                                                          |  |  |
|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                              |                                            |                                                          |  |  |
| made on information knowledge that will Section 1001 of Title                                                                                                                                                                           | re that all statements made herein of my (our) on and belief are believed to be true; and further ful false statements and the like so made are placed to the United States Code and that such a rany patent issued thereon. | er that these stater<br>punishable by fine | ments were made with the or imprisonment, or both, under |  |  |
| Full name of sole o                                                                                                                                                                                                                     | r 1st inventor (given name, family name):                                                                                                                                                                                    | Stephen A. Bo                              | oyd                                                      |  |  |
| Residence:                                                                                                                                                                                                                              | 5665 St. Vrain Road. Longmont,<br>CO 80503-9061                                                                                                                                                                              | Citizenship:                               | United States                                            |  |  |
| Post Office<br>Address:                                                                                                                                                                                                                 | Same                                                                                                                                                                                                                         |                                            |                                                          |  |  |
| Inventor's signature                                                                                                                                                                                                                    | e:                                                                                                                                                                                                                           | Date                                       | e:                                                       |  |  |
|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                              |                                            |                                                          |  |  |
| Full name of sole o                                                                                                                                                                                                                     | r 2nd inventor (given name, family name):                                                                                                                                                                                    | Kevin R. Condroski                         |                                                          |  |  |
| Residence:                                                                                                                                                                                                                              | 592 Homestead Street, Lafayette, CO 80302                                                                                                                                                                                    | Citizenship:                               | United States                                            |  |  |
| Post Office<br>Address:                                                                                                                                                                                                                 | Same                                                                                                                                                                                                                         | •                                          |                                                          |  |  |
| Inventor's signature: Date:                                                                                                                                                                                                             |                                                                                                                                                                                                                              |                                            |                                                          |  |  |
| Full name of sale of                                                                                                                                                                                                                    | r 3rd inventor (given name, family name):                                                                                                                                                                                    | Lange Da Mar                               |                                                          |  |  |
| ruii name oi sole oi                                                                                                                                                                                                                    |                                                                                                                                                                                                                              | Jason De Mee                               |                                                          |  |  |
| Residence:                                                                                                                                                                                                                              | 5917 Shenandoah Ave., Longmont, CO 80504-5651                                                                                                                                                                                | Citizenship:                               | United States                                            |  |  |
| Post Office<br>Address:                                                                                                                                                                                                                 | Same                                                                                                                                                                                                                         |                                            |                                                          |  |  |
| Inventor's signature                                                                                                                                                                                                                    | »:                                                                                                                                                                                                                           | Date                                       | e:                                                       |  |  |

| Full name of sole or 4th inventor (given name, family name): |                                                    | Stephen S. Gonzales |               |  |
|--------------------------------------------------------------|----------------------------------------------------|---------------------|---------------|--|
| Residence:                                                   | 416 Valley View Road, Media PA<br>19063            | Citizenship:        | United States |  |
| Post Office<br>Address:                                      | Same                                               |                     |               |  |
|                                                              |                                                    |                     |               |  |
| Inventor's signatur                                          | e:                                                 | Dat                 | e:            |  |
| <del></del>                                                  |                                                    | T                   | ·             |  |
|                                                              | or 5th inventor (given name, family name):         | Indrani W. Gu       | <del></del>   |  |
| Residence:                                                   | 5650 Steeple Chase Dr.,<br>Longmont, CO 80503-8882 | Citizenship:        | United States |  |
| Post Office<br>Address:                                      | Same                                               |                     |               |  |
|                                                              |                                                    |                     |               |  |
| Inventor's signature                                         | e:                                                 | Dat                 | e:            |  |
| ·                                                            |                                                    | ·                   |               |  |
|                                                              | or 6th inventor (given name, family name):         | Tomas Kapla         |               |  |
| Residence:                                                   | 2705 Juniper Ave., Boulder, CO<br>80302            | Citizenship:        | United States |  |
| Post Office<br>Address:                                      | Same                                               |                     |               |  |
|                                                              |                                                    | Det                 |               |  |
| inventor's signatur                                          | e:                                                 | Dat                 | e:            |  |
| Full name of sole of                                         | or 7th inventor (given name, family name):         | Yvan Le Huer        | ou            |  |
| Residence:                                                   | 2775 Lee Hill Rd., Boulder, CO<br>80302-9413       | Citizenship:        | France        |  |
| Post Office<br>Address:                                      | Same                                               |                     |               |  |
|                                                              |                                                    |                     |               |  |
| Inventor's signature                                         | e:                                                 | Dat                 | te:           |  |
| Full name of sole of                                         | or 8th inventor (given name, family name):         | Joseph Lyssil       | katos         |  |
| Residence:                                                   | 42 Alta Avenue, Piedmont, CA<br>94611              | Citizenship:        | United States |  |
| Post Office<br>Address:                                      | Same                                               |                     |               |  |
| Inventor's signature: Girsh Chysalcab. Date: 11/19/08        |                                                    |                     |               |  |

| Full name of sole or 9th inventor (given name, family name): |                                               | Todd T. Romoff |               |
|--------------------------------------------------------------|-----------------------------------------------|----------------|---------------|
| Residence:                                                   | 5920 Tenderfoot Ave., Firestone, CO 80504     | Citizenship:   | United States |
| Post Office<br>Address:                                      | Same                                          |                |               |
| Inventor's signat                                            | urė; <u> </u>                                 | Da             | te:           |
| Full name of solo                                            | e or 10th inventor (given name, family name): | Francis X. Su  | illivan       |
| Residence:                                                   | 3657 Larkwood Ct., Boulder, CO<br>80304-1400  | Citizenship:   | United States |
| Post Office<br>Address:                                      | Same                                          |                |               |
| Inventor's signal                                            | ture:                                         | Da             | te:           |
| Full name of sol                                             | e or 11th inventor (given name, family name): | Allen Thomas   | S             |
| Residence:                                                   | 909 La Farge Ave., Louisville, CO<br>80027    | Citizenship:   | United States |
| Post Office<br>Address:                                      | Same                                          |                |               |
| Inventor's signa                                             | ture:                                         | Da             | ate:          |

| As a below named inventor(s), I (we) h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | As a below named inventor(s), I (we) hereby declare that: |                                        |                       |                                                                   |                         |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------|-----------------------|-------------------------------------------------------------------|-------------------------|-------------------|
| My (our) residence(s), post office addre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ess(es) and citi                                          | zenship(s) is (are) the sa             | ame as stat           | ed below next to my (our) na                                      | me(s).                  |                   |
| I (we) believe I am (we are) an original<br>names are listed below) of the subject<br>THIAZOLIUMS AS TRAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | matter which is                                           | claimed and for which a                | i patent is s         | elow) or an original, first and<br>ought on the invention entitle | joint inventor (<br>ed: | if plural         |
| the specification of which is atta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ached hereto                                              | o unless the following                 | ng box is             | checked:                                                          |                         |                   |
| Application Number <u>PCT/US2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 005/009970                                                | and was amende                         | d on                  |                                                                   | ble).                   |                   |
| I (we) hereby state that I (we) he including the claims, as amend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ave reviewe<br>ed by any a                                | ed and understand<br>mendment referred | the conte<br>to above | nts of the above identif                                          | ied specifica           | ition,            |
| I (we) acknowledge the duty to<br>Federal Regulations, <sup>1</sup> 1.56.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | disclose inf                                              | ormation which is n                    | naterial to           | patentability as define                                           | d in Title 37           | , Code of         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |                                        |                       |                                                                   | ,,                      |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •                                                         |                                        |                       |                                                                   |                         |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |                                        |                       |                                                                   |                         |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |                                        |                       |                                                                   |                         |                   |
| I (we) hereby claim foreign price<br>application(s) for patent or inve-<br>for patent or inventor's certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | entor's certifi                                           | cate listed below a                    | nd have a             | also identified below an                                          | y toreign ap            | plication<br>med: |
| Prior Foreign Application(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |                                        |                       |                                                                   | Priority                | Claimed           |
| (Nümber)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (                                                         | (Country)                              | (                     | Day/Month/Year)                                                   | Priority                | Clauried          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |                                        |                       |                                                                   | <u></u>                 | <u> </u>          |
| I (we) hereby claim the bene<br>application(s) listed below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | fit under Ti                                              | tle 35, United State                   | es Code,              | '119(e) of any United                                             | States pro              | visional          |
| (Applic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ation Numb                                                | oer)                                   |                       | (Filing Date)                                                     |                         |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | /556,217                                                  | ·                                      |                       | 24 March 200                                                      | 4                       | <u></u>           |
| I (we) hereby claim the benefit under Title 35, United States Code, ' 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, ' 112, I (we) acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulation, '1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. |                                                           |                                        |                       |                                                                   |                         |                   |
| (Application Serial No.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           | (Filing date)                          |                       | (STATUS-patented,                                                 | pending, ab             | andoned)          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           | ·                                      | ·                     |                                                                   | ·                       | <u></u>           |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           |                                        |                       |                                                                   |                         |                   |

| I (we) hereby app<br>business in the Pa<br>from <u>:</u>  | oint the following attorney(s) and/or agent(s) to atent and Trademark Office connected therewith                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | prosecute this app<br>h and to act in acc   | olication and to transact all ordance with the instructions |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------|
| Customer #: 2815                                          | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                                             |
| Address all telephor                                      | ne calls to: Henry D. Coleman, Esq. at Te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | elephone No. (203)36                        | 66-3560                                                     |
| Address all correspond                                    | ondence to: Customer #: 28156                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                                             |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                                             |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                                             |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                 |                                                             |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                           |                                                             |
| made on informat<br>knowledge that w<br>Section 1001 of T | lare that all statements made herein of my (our<br>ion and belief are believed to be true; and furth<br>illful false statements and the like so made are<br>itle 18 of the United States Code and that such<br>or any patent issued thereon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | er that these state punishable by fine      | ments were made with the or imprisonment, or both, under    |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | loci a p                                    |                                                             |
|                                                           | or 1st inventor (given name, family name):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Stephen A. Boyd  Citizenship: United States |                                                             |
| Residence:                                                | 5665 St. Vrain Road. Longmont,<br>CO 80503-9061                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | United States                               |                                                             |
| Post Office<br>Address:                                   | Same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                                             |
| Inventor's signatu                                        | ire:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Dat                                         | e:                                                          |
| le v                                                      | God in the Asia Carlo Ca | TRANSPORT                                   | <u></u>                                                     |
|                                                           | or 2nd inventor (given name, family name):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Kevin R. Con                                |                                                             |
| Residence:                                                | 592 Homestead Street, Lafayette,<br>CO 80302                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Citizenship:                                | United States                                               |
| Post Office<br>Address:                                   | Same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                           |                                                             |
| Inventor's signatu                                        | ire:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             | re:                                                         |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                                             |
| Full name of sole                                         | or 3rd inventor (given name, family name):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Jason De Meese                              |                                                             |
| Residence:                                                | 5917 Shenandoah Ave., Longmont,<br>CO 80504-5651                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Citizenship:                                | United States                                               |
| Post Office<br>Address:                                   | Same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                                             |
| Inventor's signatu                                        | ire:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Da                                          | te:                                                         |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | .,.,                                        | "                                                           |

| Full name of sole or 4th inventor (given name, family name): Stephen S. Gonzales |                                                               |                        |               |  |
|----------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------|---------------|--|
| Residence:                                                                       | 416 Valley View Road, Media PA<br>19063                       | Citizenship:           | United States |  |
| Post Office<br>Address:                                                          | Same                                                          |                        |               |  |
| Inventor's signatur                                                              | e Steps. John                                                 | Dat                    | e: 10/23/2008 |  |
|                                                                                  |                                                               |                        |               |  |
| Full name of sole or 5th inventor (given name, family name):                     |                                                               | Indrani W. Gunawardana |               |  |
| Residence:                                                                       | 5650 Steeple Chase Dr.,<br>Longmont, CO 80503-8882            | Citizenship:           | United States |  |
| Post Office<br>Address:                                                          | Same                                                          |                        |               |  |
|                                                                                  |                                                               |                        |               |  |
| Inventor's signatur                                                              | ë:                                                            | Dat                    | le:           |  |
| Full name of sole                                                                | or 6th inventor (given name, family name):                    | Tomas Kaplan           |               |  |
| Residence:                                                                       | 2705 Juniper Ave., Boulder, CO<br>80302                       | Citizenship:           | United States |  |
| Post Office<br>Address:                                                          | Same                                                          |                        |               |  |
| Inventor's signature: Date:                                                      |                                                               |                        |               |  |
|                                                                                  |                                                               |                        |               |  |
| Full name of sole                                                                | or 7th inventor (given name, family name):                    | Yvan Le Huerou         |               |  |
| Residence:                                                                       | 2775 Lee Hill Rd., Boulder, CO Citizenship: France 80302-9413 |                        | France        |  |
| Post Office<br>Address:                                                          | Same                                                          |                        |               |  |
|                                                                                  |                                                               |                        |               |  |
| Inventor's signatu                                                               | re:                                                           | Da                     | te:           |  |
| Full name of sole                                                                | or 8th inventor (given name, family name):                    | Joseph Lyssi           | katos         |  |
| Résidence:                                                                       | 42 Alta Avenue, Piedmont, CA<br>94611                         | Citizenship:           | United States |  |
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| Inventor's signature: Date:                                                      |                                                               |                        |               |  |
| miveritor's signatu                                                              |                                                               |                        | <u> </u>      |  |

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| Full name of sole                                                                 | or 9th inventor (given name, family name):    | Todd T. Romoff |               |  |
|-----------------------------------------------------------------------------------|-----------------------------------------------|----------------|---------------|--|
| Residence:                                                                        | 5920 Tenderfoot Ave., Firestone,<br>CO 80504  | Citizenship:   | United States |  |
| Post Office<br>Address:                                                           | Same                                          |                |               |  |
| Inventor's signatu                                                                | urë:                                          | Da             | te:           |  |
| Full name of sole or 10th inventor (given name, family name): Francis X. Sullivan |                                               |                | ıllivan       |  |
| Residence:                                                                        | 3657 Larkwood Ct., Boulder, CO<br>80304-1400  | Citizenship:   | United States |  |
| Post Office<br>Address:                                                           | Same                                          |                |               |  |
| Invéntor's signati                                                                | ure:                                          | Da             | ite:          |  |
| Full name of sole                                                                 | e or 11th inventor (given name, family name): | Allen Thomas   |               |  |
| Residence:                                                                        | 909 La Farge Ave., Louisville, CO<br>80027    | Citizenship:   | United States |  |
| Post Office<br>Address:                                                           | Same                                          |                |               |  |
| Inventor's signat                                                                 | ure:                                          | Da             | ite:          |  |

DECLARATION FOR PATENT APPLICATION

DEC 1 5 2008

| As a below named inventor(s), I (we) h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ereby de | clare that:                                              |             | \HTML                                | (E)          | '            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|-------------|--------------------------------------|--------------|--------------|
| As a below named inventor(s), I (we) hereby declare that:  My (our) residence(s), post office address(es) and citizenship(s) is (are) the same as stated below next to my (our) name(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                          |             |                                      |              |              |
| I (we) believe I am (we are) an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  THIAZOLIUMS AS TRANSKETOLASE INHIBITORS                                                                                                                                                                                                                                                                                                                        |          |                                                          |             |                                      |              | f plural     |
| the specification of which is att                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ached    | hereto unless the followin                               | g box is    | checked:                             |              |              |
| [X] was filed on <u>2</u><br>Application Number <u>PCT/US</u> 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          | <u>th 2005</u> as United States<br>19970 and was amended |             |                                      |              |              |
| I (we) hereby state that I (we) I including the claims, as amend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                                          |             |                                      | ed specifica | tion,        |
| I (we) acknowledge the duty to Federal Regulations, '1.56.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | disclos  | se information which is ma                               | aterial to  | o patentability as defined           | in Title 37, | Code of      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                                          |             |                                      |              |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                                          |             |                                      |              |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          | (                                                        | <del></del> |                                      |              | <del> </del> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                                          |             |                                      |              |              |
| I (we) hereby claim foreign priority benefits under Title 35, United States Code, '119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:                                                                                                                                                                                                                                                                                         |          |                                                          |             |                                      |              |              |
| Prior Foreign Application(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                                          |             |                                      |              |              |
| (Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | (Country)                                                |             | (Day/Month/Year)                     | Priority     | Claimed      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                                          |             |                                      |              |              |
| I (we) hereby claim the benefit under Title 35, United States Code, '119(e) of any United States provisional application(s) listed below:  (Application Number)  60/556,217  (Filing Date)  24 March 2004                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                                                          |             |                                      |              |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ,.       |                                                          |             |                                      |              |              |
| I (we) hereby claim the benefit under Title 35, United States Code, '120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, '112, I (we) acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulation, '1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. |          |                                                          |             |                                      |              |              |
| (Application Serial No.) (Filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          | (Filing date)                                            |             | (STATUS-patented, pending, abandoned |              | andoned)     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                                          |             |                                      |              |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                                          |             | -                                    |              |              |

| I (we) hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and to act in accordance with the instructions from :                                                                                                                                                                                                                                                                                   |                                                 |                      |               |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------|---------------|--|--|
| Customer #: 28156                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                      |               |  |  |
| Address all telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e calls to: Henry D. Coleman, Esq. at Te        | elephone No. (203)36 | 66-3560       |  |  |
| Address all correspor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ndence to: Customer #: 28156                    |                      |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |                      |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |                      |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |                      |               |  |  |
| I (we) hereby declare that all statements made herein of my (our) own knowledge are true, and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                                                 |                      |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |                      |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | r 1st inventor (given name, family name):       | Steven A. Boy        | <del>,</del>  |  |  |
| Residence:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5665 St. Vrain Road. Longmont,<br>CO 80503-9061 | Citizenship:         | United States |  |  |
| Post Office<br>Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Same                                            |                      |               |  |  |
| Inventor's signature: Then is Day!  Date: 10/23/08                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                 |                      |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |                      |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | r 2nd inventor (given name, family name):       | Kevin R. Cond        |               |  |  |
| Residence:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 592 Homestead Street, Lafayette, CO 80302       | Citizenship:         | United States |  |  |
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| Inventor's signature: $\frac{10/23/08}{}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |                      |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |                      |               |  |  |
| Full name of sole or 3rd inventor (given name, family name):                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 | Jason De Meese       |               |  |  |
| Residence:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5917 Shenandoah Ave., Longmont, CO 80504-5651   | Citizenship:         | United States |  |  |
| Post Office<br>Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Same                                            |                      |               |  |  |
| Inventor's signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Josen Meer                                      | Dat                  | te: 10/24/08  |  |  |

|                                                                                |                                                    | <del></del>                | ION           |  |  |
|--------------------------------------------------------------------------------|----------------------------------------------------|----------------------------|---------------|--|--|
| Full name of sole of                                                           | or 4th inventor (given name, family name):         | Stephen S. Gonzales        |               |  |  |
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| Post Office<br>Address:                                                        | Same                                               |                            |               |  |  |
|                                                                                |                                                    |                            |               |  |  |
| Inventor's signature: Date:                                                    |                                                    |                            | e:            |  |  |
| Full serve of colors                                                           | - 54h inventor (siven some femile some)            | T                          |               |  |  |
|                                                                                | or 5th inventor (given name, family name):         | Indrani W. Gunawardana     |               |  |  |
| Residence:                                                                     | 5650 Steeple Chase Dr.,<br>Longmont, CO 80503-8882 | Citizenship: United States |               |  |  |
| Post Office<br>Address:                                                        | Same                                               |                            |               |  |  |
| Inventor's signature: Date: 10/24/2008                                         |                                                    |                            |               |  |  |
|                                                                                | ()                                                 | •                          |               |  |  |
| Full name of sole of                                                           | or 6th inventor (given name, family name):         | Tomas Kaplan               |               |  |  |
| Residence:                                                                     | 2705 Juniper Ave., Boulder, CO<br>80304            | Citizenship:               | United States |  |  |
| Post Office<br>Address:                                                        | Same                                               |                            |               |  |  |
| Inventor's signature: / aum / bh Date: 10/23/2008                              |                                                    |                            |               |  |  |
|                                                                                |                                                    |                            |               |  |  |
| Full name of sole o                                                            | r 7th inventor (given name, family name):          | Yvan Le Huerou             |               |  |  |
| Residence:                                                                     | 2775 Lee Hill Rd., Boulder, CO<br>80302-9413       | Citizenship:               | France        |  |  |
| Post Office<br>Address:                                                        | Same                                               |                            |               |  |  |
| Inventor's signature:                                                          |                                                    |                            |               |  |  |
| Full name of colo or 9th inventor (given name family name)                     |                                                    |                            |               |  |  |
| Full name of sole or 8th inventor (given name, family name): Joseph Lyssikatos |                                                    |                            |               |  |  |
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| Post Office<br>Address:                                                        | Same                                               |                            |               |  |  |
| Inventor's signature: Date:                                                    |                                                    |                            |               |  |  |

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**DECLARATION FOR PATENT APPLICATION** Full name of sole or 9th inventor (given name, family name): Todd T. Romoff **United States** 5920 Tenderfoot Ave., Firestone, Residence: Citizenship: CO 80504 Post Office Same Address: Inventor's signature: Date: \_ Full name of sole or 10th inventor (given name, family name): Francis X. Sullivan Residence: 3657 Larkwood Ct., Boulder, CO Citizenship: **United States** 80304-1400 Post Office Same Address: Inventor's signature: \_ Date: \_

| Full name of sole       | or 11th inventor (given name, family name): | Allen Thomas |               |  |
|-------------------------|---------------------------------------------|--------------|---------------|--|
| Residence:              | 909 La Farge Ave., Louisville, CO<br>80027  | Citizenship: | United States |  |
| Post Office<br>Address: | Same                                        |              |               |  |
| Inventor's signatu      | ire: //                                     | Da           | te: 10-27-08  |  |